



Maricopa County Air Quality Department
3800 North Central Ave, Suite 1400, Phoenix, AZ 85012
Phone: 602.506.6010 Fax: 602.372.0587
AQPermits@maricopa.gov



RENEWAL APPLICATION FOR THE AUTHORITY TO OPERATE UNDER A GENERAL AIR QUALITY PERMIT

(As required by A.R.S. §49-480 and Maricopa County Air Pollution Control Regulations, Rule 200)

ALL APPLICANTS MUST COMPLETE THE ENTIRE APPLICATION

1. Existing Permit Number: 000184		Permit Expiration Date: 06/30/2021	
2. General Permit Type			
<input type="checkbox"/> Asphalt Kettle	<input type="checkbox"/> Gas Station	<input type="checkbox"/> Surface Coating Operations	
<input type="checkbox"/> Crematory	<input type="checkbox"/> Graphic Arts	<input type="checkbox"/> Vehicle & Mobile Equipment Refinishing	
<input type="checkbox"/> Dry Cleaner	<input type="checkbox"/> Stationary Dust-Generating Sources	<input type="checkbox"/> Wastewater Treatment Plant	
<input checked="" type="checkbox"/> Fuel Burning	<input type="checkbox"/> Stationary Emergency IC Engines	<input type="checkbox"/> Woodworking	
3. Will there be any changes to the operating scenario(s) from those defined in the existing permit?		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	If you answered Yes to any of Questions 3 - 6, please contact the department for assistance in determining the applicability of the general permit.
4. Will there be any new, modified, or reconstructed stationary sources or air pollution control equipment from those defined in the existing permit?		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
5. Are there any emissions present that have not been correctly identified and defined in the existing permit?		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
6. Will there be any changes that trigger any other new applicable requirements?		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
7. Has the ownership of this facility changed since the permit was last issued or transferred?		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	If Yes to Question 7, submit a Permit Transfer Application
8. Business Name (as filed with the Arizona Corporation Commission): JBS USA INC			
9. Address of Site: 651 S 91ST AVE			
City: Tolleson		State: Arizona	Zip Code: 85353
10. Contact at Site: Name: Charles Rocker			
Phone:		Alt Phone:	Email:
11. Name and Address of Ownership or Legal Entity: Name: JBS USA, INC			
Address: 1770 PROMONTORY CIRCLE			
City: GREELEY		State: Colorado	<input checked="" type="checkbox"/> Zip Code: 80639
12. Ownership Contact: Name: CAMERON BRUETT			
Phone: 9705067801		Fax:	Email: CAMERON.BRUETT@JBSSA.COM
13. Send all correspondence to: Name: JBS USA, INC			
Address: 651 S 91ST AVE			
City: TOLLESON		State:	<input checked="" type="checkbox"/> Zip Code: 85353
Attn: CHARLES ROCKER			
NOTE: PERMIT WILL BE SENT TO EMAIL ADDRESS PROVIDED IN ITEM 14 BELOW.			

14. The authorized contact person regarding this application is:

Name: CHARLES ROCKER

Phone: 6234764182

Title: OPERATIONS MANAGER

Company: JBS USA, INC

Email: CHARLES.ROCKER@JBSSA.COM

15. I certify that I am familiar with the operations and equipment represented on this application, and the statements and information provided herein are true, accurate, and complete based on information and belief formed after reasonable inquiry.

Type or print name and title of responsible official: CHARLES ROCKER OPERATIONS MANAGER

Signature of owner or responsible official:

Charles L. Rocker

Date: 1/15/2021

For Office Use Only

Date Received:

Log Number: